



Kentucky Multidisciplinary Commission
on Child Sexual Abuse

Please complete the following Mandatory Data Collection Tool and submit to KMCCSA@ky.gov. Form must be completed by January 31, 2017.

1. County/Countries Team Represents: _____
2. Facilitator's Name and Email for the Team: _____
3. Identify the Discipline, Individual Name and Email:

Discipline	Individual's Name	Email

4. How often does your MDT meet and review cases: _____
5. Type of type of cases reviewed:

Type of Cases reviewed	Number of Cases
Sexual Abuse Cases	
Physical Abuse Cases	
Human Trafficking Cases	
Other (please define)	

6. Does your team have an approved protocol: _____
If yes, please provide approval date: _____
7. How often does your team review your MDT Protocol: _____
8. How does your MDT orient new team members:

9. Please identify specific needs of your team: _____
10. Please identify specific training that would be beneficial to your team:

Form completed by (name and contact information): _____